

UTILITY PATENT APPLICATION TRANSMITTAL

(New Nonprovisional Applications Under 37 CFR § 1.53(b))

Attorney Docket No.

MNOAP004

TO THE ASSISTANT COMMISSIONER FOR PATENTS:

Transmitted herewith is the patent application of () application identifier or (X) named inventors: RONALD YAMAMOTO, San Francisco, CA; ROBERTA LEE, Redwood City, CA; Niyazi Beyhan, Santa Clara, CA ; entitled **PERCUTANEOUS REMOVAL OF SENTINEL LYMPH NODE USING CONTRAST IMAGING FOR IDENTIFICATION**, for a(n):

- (X) Original Patent Application.
- () Continuing Application (prior application not abandoned):
 () Continuation () Divisional () Continuation-in-part (CIP)
 of prior Application No. _____, filed _____.
- () Please add after the title of the application "This is a
 () Continuation () Divisional () Continuation-in-part (CIP)
 of Application No. _____, filed _____, which is hereby incorporated by reference."

X) This application claims the benefit of U.S. Provisional Application No. 60/433,261 filed December 12, 2002, which is hereby incorporated by reference."

(X) Applicant hereby claims small entity status.

Enclosed are:

- (X) Specification: 15 Total Pages. (X) Drawing(s): 1 Total Sheets.
- (X) Oath or Declaration:
 (X) A Newly Executed Combined Declaration and Power of Attorney:
 () Signed. (X) Unsigned. () Partially Signed.
 () A Copy from a Prior Application for Continuation/Divisional (37 CFR § 1.63(d)).
 () Signed Statement Deleting Inventor(s) Named in the Prior Application. (37 CFR § 163(d)(2)).
- () Power of Attorney. (X) Return Receipt Postcard.
 () Preliminary Amendment. () A Check in the amount of \$ _____ for the Filing Fee.
 () Information Disclosure Statement, Form PTO-1449, and copies of cited references.
 (X) A Duplicate Copy of this Form for Processing Fee Against Deposit Account.
 () Request for Certification (**NON-PUBLICATION**) under 35 U.S.C. 122(b)(2)(B)(i).
 () Assignment Recordation Cover Sheet (1 page) and Assignment (2 pages).
 () A Certified Copy of Priority Documents (if foreign priority is claimed).
 () Other: _____.

CLAIMS AS FILED				
FOR	NO. FILED	NO. EXTRA	RATE	FEE
Total Claims	18	0	\$9.00	\$ 0.00
Independent Claims	2	0	\$43.00	\$ 0.00
Multiple Dependent Claims (if applicable)				\$0.00
Assignment Recording Fee				\$0.00
Basic Filing Fee				\$385.00
Total Filing Fee				\$ 385.00

(X) Please charge the total filing fee of \$ 385.00 to Deposit Account No. 50-1217 (Order No. MNOAP004).

(X) At any time during the pendency of this application, please charge any fees required or credit any overpayment to Deposit Account No. 50-1217 (Order No. MNOAP004).

Respectfully submitted,

By: 

Jung-hua Kuo, Reg. No. 41,918

Date: December 12, 2003

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I hereby certify that this is being deposited with the U.S. Postal Service "Express Mail Post Office to Addressee" service under 37 CFR § 1.10 on the date indicated below and is addressed to:

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